

Clark County Regional Support Network Policy Statement

Policy No.: AD09
Policy Title: Financial Eligibility for RSN Funded Services
Effective Date: November 4, 2005

Policy: Outpatient and Residential RSN Funded services shall be provided to both Medicaid eligible and non-Medicaid eligible consumers through contracted community mental health agencies who meet both financial and access to care standards, including medical necessity. Non-Medicaid services are provided within available state mental health funding. Final determination of eligibility is done by the RSN. This policy does not apply to Crisis or ITA services for which there are no financial eligibility requirements.

Reference: WAC 388-865, Washington State Mental Health Division RSN Interlocal Agreements, and Federal Register: February 18, 2005 (Volume 70, Number 33) and subsequent published guidelines.

Financial Standard: The financial standard is defined by the funding source.

1. Medicaid: The consumer must meet Medicaid eligibility standards and be listed by DSHS as Medicaid eligible.
2. State Mental Health Contract: Consumer financial eligibility will be determined using the current Federal HHS Poverty Guidelines (FPG).
3. Other Grant Funding: Consumer financial eligibility will be defined by the funding source and that criteria will be included in subcontracts for services.

Procedure:

Medicaid

1. The Community Mental Health Agency (CMHA) will verify that a consumer is Medicaid eligible for RSN services at time of admission and then monthly thereafter for each month that the consumer has received RSN services.

Medicaid verification can be made using any of the following approved methods:

- Valid copy of Medicaid ID Card for each month of service
- Printed MMIS eligibility information from APS (CounselTech)
- Printed Provider Advantage (MedEase, Envoy) eligibility information from APS (CounselTech)
- Printed WAMedWeb eligibility information

2. Insurance: The CMHA will document the consumer's access to insurance coverage. Should the consumer have other insurance coverage the CMHA will pursue payment in accordance with policy AD04.
3. The CCRSN Clinical Care Managers will review the consumers current financial eligibility, income and clinical/diagnostic data, prior to the approval, pended, or denial of any RSN authorization request, and make a determination within 24 hours of receipt of the authorization request, utilizing a combination of the following reference sources:
 - Detailed Pending Authorization Report
 - Creative Socio Medics MSO data screens
 - The MHD Intranet Pages
 - The Provider Advantage Medicaid Eligibility Information and/or WAMedWeb
 - Additional clinical information that has been requested/submitted
4. Determination of consumer eligibility for services is the responsibility of the RSN.
5. The consumer's medical record will contain all financial eligibility verification documents.

Non-Medicaid - State Mental Health Contract Funded

1. Application for services: The CMHA will require at intake the completion of a Statement of Income Eligibility Form. The consumer will provide to the CMHA documentation of income that will be attached to the form.
2. Insurance: The CMHA will document the consumer's access to insurance coverage. Should the consumer have other insurance coverage the CMHA will pursue payment in accordance with policy AD04.
3. Financial Eligibility Determination: The CMHA will notify the RSN if the consumer meets the financial eligibility when requesting authorization. The consumer will be identified in the MIS Guarantor section of the Financial Eligibility Screens as RSN Non-Medicaid.
4. The CMHA will require re-verification of financial eligibility at least every ninety days.
5. Income will be determined using the following rules:
 - a. Gross income will be counted and it means all income before taxes are withheld.
 - b. Gross income will include the income of the party or parties that claim the consumer as a dependent on their federal income tax return.
 - c. Foster Parents: Include only the payment received for the foster child.
 - d. The non-completion of the income section of the form is NOT the same as having no income. Refusal to complete any section of the form will be counted as a decision to not seek County-funded services.
6. Dependents are counted using the following rules:
 - a. The number of individuals listed as dependents on the federal income tax return.

- b. A foster child is counted as one (1).
- c. Children, between the ages of 13 to 18, who request parents not be notified of request for services, will not require documentation of parents' income or insurance, and will count as one (1).

Medicaid Spend Down – State Mental Health Funds

1. Financial Eligibility Determination: Eligibility is determined by the submission of a valid Medicaid spend down letter. No additional verification of financial eligibility is required.
2. Procedures for authorization and continuing verification of eligibility are contained in RSN MIS Policy 2.02.15.

Non-Medicaid – Other Grant Funded

1. The CMHA will verify that a consumer is eligible for grant funded RSN services at time of admission by reviewing the eligibility standards of the funding source contained in its contract with the County. When required in the contract, the CMHA will complete a Statement of Income Eligibility Form for each consumer.
2. The consumer will be identified in the MIS Guarantor section of the Financial Eligibility Screens by the funding source.
3. The CMHA will require re-verification of financial eligibility at least every ninety days.
4. The consumer's medical record will contain all financial eligibility verification documents.

Approved By: _____



**Michael Piper, Director
Clark County
Department of Community Services**

Date: _____

5-4-06